

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

Form 631 Rev. 12/06

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.30
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject
to a torustry fee of \$256.00

| to a penalty fee of \$25.00. | | | | | | | | |
|--|---|--|---|--|--------------------------------------|---|--|--|
| 1. Corporate ID No. | 2 Name of Corporation | Lina Hololi | ue l | nc . | | | | |
| 3. State of Incorporation Rhode Island | 4. Corporate address in Rhode Island - Street Address | | | Provide | | | 02908 | |
| 5. Foreign corporation. Enter prin | ncipal office address | | City | | State | | Zip | |
| 6. Brief Description of the character EFFEC+S OF A. DO NELL MARCHAEL 7. NAMES AND ADDRESSE | of the affairs which are actified and to was a confidence of the officers | initial non-sect | ab sov arian | | spiritu. | Man I Al and Staffed NG ATTACH | Counceling by trainer | |
| President Name Joan C. Pendergast | | | | Vice President Name M. Diane Hanning | | | | |
| Street Address 21 Elmburst Ave. | | | | Street Address 26 Hanning Drive | | | | |
| Providence | State | ^{Z#} 02408 | Laire | | R. J | ۷. | 02882 | |
| Patricia V. Fagasty | | | | duan C. Pendergast | | | | |
| 23 Esther | Drive | <u> </u> | Street Addr | Elmhurs | st i | <u> 4ve ·</u> | | |
| North Providence | State RE | ^{Z#} 02911 | From | dence | State R · J | | 02908 | |
| 8. NAMES AND ADDRESSE THE NUMBER OF DIRECT | S OF THE DIRECTOR ORS OF A DOMESTIC | RS: ("X" BOX FOR ATTA C (RHODE ISLAND) | CORPORA |] FILL IN SPACES B. TION <u>SHALL NOT B</u> | EFORE USI <u>E <i>LESS TH</i></u> | NG ATTACE <u>AN THREE</u> | (3). R.I.G.L. 7-6-23 | |
| Isabelle P. Middendorf | | | | Rev. Jude MGeorgh | | | | |
| 565 West Main Rd. | | | | 11 South Shore Rd. | | | | |
| Little Compton | R.T. | 02 4 37 | Little | Compton | State R. | <u></u> | 02837 | |
| Director Name | | | | Sho J. Ringrast | | | | |
| Street Address | | | | Street Address 21 Elmhurst Ave. | | | | |
| City | State | Zíρ | Prov. | dence | State | | 2tp 02908 | |
| 9. REGISTERED AGENT IN Agent Name | RHODE ISLAND - De | O NOT ALTER - Chan | Address | e filing of Form 64 | 1 - R.I.G.L | . 7-6-13 / 7 | -6-78 | |
| Address | | | City | | Zip | | | |
| This report must | be signed by either the | he President, Vice Pres | sident, Secr | etary, Assistant Secre | etary, Treasi | urer, Receiv | er or Trustee | |
| | | | | | | | | |
| | | | | | . 7 4-41 | | at T have a serviced this | |
| | | - 1 | r | eport, including any acc | companying s | schedules and | at I have examined this statements, and that all | |
| File Date FILED | | | statements contained hosein are true and correct. | | | | | |
| Check No. JUN 3 (| | Signature of Officer Date | | | | | | |
| Ву:Ву | | Print or Type Name of Officer Resident / Type Surer | | | | | | |
| FOR SECRETARY OF S | TATE USE ONLY | | Tries of Officer | | | | | |